



CHIP Extended Plan Mental Health Benefits for Children with a Serious Emotional Disturbance (SED)

WHO'S ELIGIBLE?

A CHIP enrolled child (up to 19 years old) who DPHHS determines to have a SED.

WHAT ARE THE SERVICES? (Benefit table on reverse)

- **CHIP BASIC PLAN** mental health benefits include pharmacy services, inpatient mental health services, therapeutic group home services (including room and board), and individual, family, and group psychotherapy office visits. There are limits on some of these services. CHIP Basic Plan claims are billed to Blue Cross and Blue Shield of Montana.
- **CHIP EXTENDED PLAN** mental health benefits include additional individual, family and/or group psychotherapy office visits and therapeutic group home services as well as other community based services not covered under the CHIP Basic Plan. Other services include: therapeutic family care (moderate level), day treatment, and respite care. A child enrolled in the Extended Plan remains eligible for all Basic Plan benefits. **Effective October 1, 2008, submit all CHIP Extended Plan claims to Blue Cross and Blue Shield of Montana, with one exception.**
 - **Community Based Psychiatric Rehabilitation and Support (CBPRS)** claims under the CHIP Extended Plan are still billed to **Affiliated Computer Systems (ACS)**. Payment is based on the "Medicaid Mental Health and Mental Health Services Plan Fee Schedule" (<http://www.dphhs.mt.gov/mentalhealth/children>). Please follow the Medicaid billing guidelines. The ACS provider phone number is 1-800-624-3958. More information is available from Montana's Healthcare Programs' provider website at www.mtmedicaid.org.

HOW IS A CHILD DETERMINED ELIGIBLE FOR CHIP EXTENDED PLAN BENEFITS?

- Submit current clinical information in the form of a psychological assessment with DSM-IV diagnosis (completed by a licensed psychologist, social worker, or professional counselor) and social history to the CHIP office. Please see the clinical assessment guidelines for more detailed information.
- A CHIP mental health provider completes a clinical assessment and sends it to: CHIP Extended Mental Health Plan Specialist, DPHHS, PO Box 202951 Helena, MT 59620-2951.
- SED assessments are only paid for children enrolled in CHIP.

WHEN DO SERVICES BEGIN?

- Once approved, the child is eligible for CHIP Extended Plan benefits beginning the first day of the following month. (Example: If a child is determined to meet the criteria in October, the child is eligible for CHIP Extended Plan benefits beginning November 1.)

WHAT ELSE DO I NEED TO KNOW?

- The CHIP Extended Mental Health Plan requires no pre-authorization of Extended Mental Health Plan services once the child's benefits begin.
- CHIP Basic Plan and Extended Mental Health Plan benefits begin anew each October 1.
- An updated SED assessment is required when the CHIP family completes their annual eligibility renewal application.
- The CHIP Extended Plan relies upon the mental health provider and the family to coordinate services.

*******NOT COVERED*******

Comprehensive School & Community Treatment (CSCT)
Case Management

FOR MORE INFO:

- Contact CHIP @ 1-877-KidsNow (543-7669) extension 0946 or (406) 444-0946 or FAX 1-877-418-4533 or e-mail chip@mt.gov. The CHIP Extended Plan manual, clinical assessment guidelines, fact sheet, and benefit table are available on the CHIP website at www.chip.mt.gov, under the "Provider" or "Family Resources" tabs.

CHIP Mental Health Benefits Billing

Benefit Plans Run October 1 – September 30

All services must be medically necessary

Mental Health Benefit ➡	Pharmacy	Inpatient Hospitalization Partial Hospitalization* Residential Treatment Center	Therapeutic Group Home (Includes room & board)	Therapeutic Family Care (Moderate level in child's home)	Day Treatment	Respite Care	Psychotherapy Office Visits Individual, Family and/or Group	SED Clinical Assessment	CBPRS Community Based Psychiatric Rehabilitation and Support
CHIP Basic (Submit to BCBSMT) ➡	Covered	Covered 21 days per benefit year (or 42 partial days per benefit year	Covered Counts towards the 21 days 'Inpatient Hospitalization'	Not Covered Some limited exceptions apply	Not Covered	Not Covered	Covered 20 visits Maximum of four visits may be for the family without the child	Covered Counts as one of the 20 individual therapy visits if CHIP limit isn't reached	Not Covered
CHIP Extended (Submit to BCBSMT) ➡	Under Basic Plan	No Additional Benefit	Covered Additional 30 days	Covered 30 days	Covered 120 hours	Covered 144 hours	Covered Additional 30 (individual, family, and/or group office visits)	Covered Counts as one of the 30 additional visits	Covered (120 hours continue to submit to ACS)
Procedure Codes ➡	-----	-----	S 5145 With or Without Modifiers TG or TF	S 5145 With Modifier HR	H 2012 With Modifier HA	S 5150 With Modifier HA	90801 90802 90804 90806 90810 90812 90846 90847 90853	90801 90802	H 2019

NOTE: Under the CHIP Basic Plan, no limit is placed on CHIP mental health services for children with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder, and autism. Extended Plan limits apply to all children regardless of diagnosis.

CHIP Basic Benefits- Submit claims to Blue Cross and Blue Shield of Montana (BCBSMT). BCBSMT's customer service phone number for CHIP benefits and claims questions is 1-800-447-4828 ex. 8647. Provider and family information may also be found at www.bcbsmt.com.

CHIP Extended Benefits- Effective October 1, 2008, submit claims to Blue Cross and Blue Shield of Montana. The Extended Plan benefits are in addition to the CHIP Basic Plan benefits. There is one exception.

- **Community Based Psychiatric Rehabilitation and Support-** Submit to ACS. Please pay close attention to Medicaid billing practices in order for claims to pay timely. The ACS provider relations phone number is 1-800-624-3958 and more information is available from the Montana's Healthcare Program's provider website at www.mtmedicaid.com.

* Use of partial hospitalization applies to inpatient hospital limit. Two partial hospital days equals one inpatient hospital day.